

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

09/122484

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	4		4			
6	1		1			
7	1		1			
8	5					
9	1		1			
10	1		1			
11	1		1			
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43	1		1			
44	1		1			
45	1		1			
46						
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50						
TOTAL IND.	12					
TOTAL DEP.	40					
TOTAL CLAIMS	52					

	* <i>B</i>		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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53						
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57	1					
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99						
100						
TOTAL IND.	15					
TOTAL DEP.	40					
TOTAL CLAIMS	59					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS